

The Green Surgery

Quality Report

1B The Green
Twickenham
TW2 5TU

Tel: 020 8894 6870

Website: www.thegreenandfirroadsurgeries.co.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Green and Fir Road Surgeries on 23 February 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events which most staff were aware of.
- Risks to patients were assessed and well managed with the exception of those relating to the practice's ability to respond to a medical emergency.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand; however, there was no information about making a complaint displayed in the waiting area at the Fir Road site.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Ensure that all staff are aware of the process for reporting and recording incidents.
- Ensure all staff complete training updates within recommended timescales.

Summary of findings

- Ensure that language translation services are advertised to patients.
- Ensure that information about how to complain is available to patients at both sites.
- Ensure that they identify all patients who are carers.
- Ensure that there is provision for patients to access a male GP.
- Review their risk mitigation plan with regards to their access to a defibrillator to ensure that it is sufficiently robust.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events which most staff were aware of.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed with the exception of those relating to the practice's ability to respond to a medical emergency.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from 2014/15 showed patient outcomes for certain long-term conditions were below those for the locality and nationally. For example, the percentage of patients with diabetes who had well controlled blood sugar levels was 58% compared to a CCG and national average of 78%, the percentage of those who had well controlled blood pressure was 58% compared to a CCG average of 79% and national average of 78%, and the percentage of patients with a record of a foot examination was 73% compared to a CCG average of 91% and national average of 88%. However, having reviewed these results, the practice had put processes in place to address the areas where improvement was required, for example, they had established a diabetes clinic which was led by a GP and included input from the nurse and healthcare assistant.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Results of the National GP Patient Survey were largely comparable to local and national averages in areas such as the proportion of patients who said they usually get to see their preferred GP, and the proportion of patients who said the last GP they saw was good at giving them enough time.

The proportion of patients who described their overall experience of the surgery as good was comparable to the CCG and national averages, however, the proportion of the practice's patients described their overall experience of the surgery as poor was double the CCG average. We saw evidence that the results of the survey had been considered by the practice and discussed in detail with the Patient Participation Group and that a plan of action had been put in place to address areas where they had scored below average.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice did not offer extended hours appointments; however, patients could be seen by a GP outside of normal consulting hours, including at weekends, via the Richmond GP Alliance's seven-day opening hub.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice made use of the Richmond GP Alliance's Rapid Response Team, which enabled patients who needed urgent home visits to be seen quickly.
- All patients aged 75 and over had a named GP.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were comparable to local and national averages. For example, of patients with hypertension who had a record of blood pressure reading in the past 12 months, 77% had blood pressure that was well managed, compared to a CCG average of 83% and national average of 84%.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice's overall performance in relation to long-term conditions was below CCG and national averages. For example, QOF achievement for the percentage of patients with hypertension who had well controlled blood pressure was 77%, the CCG average was 83% and the national average was 84%. For asthma the practice achieved 93% overall performance compared with a CCG and national average of 97%, and the practice had recorded having carried-out a review in the preceding 12 months of 84% of patients with chronic obstructive pulmonary disorder (COPD), compared to a CCG average of 92% and national average of 90%.
- The practice's overall performance in relation to diabetes indicators was below CCG and national averages at 58% of the total QOF points available, compared with an average of 90% locally and 89% nationally. In particular, the number of diabetic patients who had well controlled blood pressure was 58% (CCG

Summary of findings

average was 79% and national average was 78%); the proportion with well controlled blood sugar levels (IFCC-HbA1c 59mmol/mol or less) was 50%, compared to a CCG average of 71% and national average of 70%; and the proportion with a record of a foot examination and risk classification in the preceding 12 months was 73% (CCG average 90%, national average 88%). The practice had recognised that they were performing poorly in this area and were in the process of addressing this by providing dedicated diabetes clinics. QOF results for the current year to date in this area showed an improvement in patient outcomes and demonstrated that the measures put in place by the practice were having a positive effect.

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met was offered by the practice but not always taken-up by patients. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to CCG averages for all standard childhood immunisations.
- 70% of patients diagnosed with asthma had received an asthma review in the past 12 months, compared to a CCG average of 74% and national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Data showed that 81% of patients at the practice aged 25-64 had a record in their notes that a cervical screening test had been performed in the preceding 5 years, which was comparable to the national average of 82%.
- The practice provided coil fitting to both their own patients and patients from other local practices.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- An in-house phlebotomy service was offered which avoided patients having to attend hospital for blood tests.
- Although the practice did not offer extended hours appointments, patients could access early morning, evening and weekend appointments via the Richmond GP Alliance's seven-day opening hub.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Staff told us that in the past they had registered patients who were homeless or from travelling communities.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, they had referred patients who were at risk of rough sleeping to the "Second Night Out" project.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 96% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is better than the CCG and national average of 84%.
- The practice had recorded a comprehensive care plan for 95% of patients with schizophrenia, bipolar affective disorder and other psychoses, compared to a CCG average of 92% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and seventy two survey forms were distributed and 96 were returned. This represented 1% of the practice's patient list.

- 88% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 81% described the overall experience of their GP surgery as fairly good or very good (CCG and national average 85%).
- 76% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were mostly positive about the standard of care received. Twenty two of the comments cards were wholly positive about the care and treatment provided. Patients commented that the practice was always clean and tidy and that doctors were caring and gave patients the time that they needed. However, nine of the comments cards contained negative comments, which related to the availability of appointments, difficulties in seeing the same doctor for each visit, and about one of the doctors lacking empathy.

We spoke with seven patients during the inspection. Six of these patients said they were happy with the care they received and thought staff were approachable, committed and caring and that they gave enough time during consultations. One patient said that they would not recommend the practice to friends and family, as they felt that the practice was not pro-active in providing follow-up appointments after patients were discharged from hospital.

The Green Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, and a practice manager specialist adviser.

Background to The Green Surgery

The Green Surgery provides primary medical services in Twickenham to approximately 8800 patients over two sites, and are one of 29 practices in Richmond Clinical Commissioning Group (CCG).

The practice population is in the fourth least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 15%, which is higher than the CCG average of 10%, and for older people the practice value is 14%, which is also higher than the CCG average of 11%. The practice has a higher population of people aged between 30 and 49 years than the national average and a lower proportion of patients aged 74 years and over. Of patients registered with the practice, the largest group by ethnicity are white (81%), followed by asian (10%), mixed (4%), black (3%) and other non-white ethnic groups (2%).

The practice operates from its main site, The Green Surgery, which is a purpose built premises, and from a branch site, Fir Road Surgery, which is a converted residential premises, which had been recently extended.

At the main site all patient facilities are on the ground floor, with three doctor's consulting rooms and a nurse's consulting room available. At the branch site patient

facilities are split over two floors, with a doctor's consulting room and two nurse's consulting rooms on the ground floor, which are used for patients who were unable to use the stairs. On the first floor there are two doctor's consulting rooms and a room for notes storage.

The practice team at the surgery is made up of two part time female GPs who are partners, one full time female salaried GP and three part time female salaried GPs and a GP registrar. A total of 41 GP sessions are provided per week. The practice also has one part time female nurse and a female healthcare assistant. The practice team also consists of a practice manager, secretary, and twelve members of reception/administrative staff. The practice manager and clinical staff all work across both sites. The administrative staff mainly work at a particular site, but provide cross-site cover when required.

The practice is open between 8:30am and 6pm Monday to Friday. Appointments are from 9am to noon every morning and from 2.50pm to 5pm every afternoon. The practice does not offer extended hours appointments, but patients can access appointments with a GP outside of normal surgery opening times via the Richmond GP Alliance's seven-day opening Hub, which is hosted by several local surgeries and offers appointments from 8am until 8pm every day.

When the practice is closed patients are directed to contact the local out of hours service.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury; and family planning.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 February 2016. During our visit we:

- Visited both sites and spoke with a range of staff including GPs, nursing staff and administrative staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Overall, staff were aware of the process for reporting an incident. There was a log of incidents on the practice's computer system and a template to record details. Most staff told us they would inform the practice manager of any incidents; however, one member of staff we spoke to was not aware of the process for reporting incidents.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident where a two-week-wait cancer referral was not received, a new process was put in place whereby these referrals were added to a message board and checks were made to ensure that referrals had been received. We saw minutes of a meeting which recorded that this was discussed; however, the minutes did not include a detailed account of what was discussed.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had

received training relevant to their role. Reception staff were able to provide examples of occasions when they had raised concerns with GPs about patients and these had been acted on by. GPs were trained to Safeguarding level 3, but for some staff this training was out of date. Following the inspection we saw evidence of further training staff had been completed to bring their training up to date.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. Staff had received training in infection control; however, some staff, including the infection control lead, had not completed refresher training within the recommended timescale. We saw evidence of those staff having completed further training shortly after the inspection. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, they had reviewed their prescribing rates for an anti-inflammatory medicine with a large number of side effects and succeeded in reducing this. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before

Are services safe?

presentation for treatment). Patient Specific Directions (PSDs) were in place to allow the healthcare assistant to administer medicines. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed personnel files for the two most recently recruited members of staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills; however, not all staff had completed a fire training update within the recommended timeframe. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice used locums to cover GP sessions when necessary and they had a list of locums they regularly used.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- Panic buttons were available in each room, which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- At the time of the inspection the practice did not have a defibrillator or oxygen available on either site and said that they would rely on the London Ambulance Service to attend in the event of an emergency. Following feedback during the inspection, the practice re-assessed their arrangements for responding to a medical emergency and concluded that they could not guarantee that an ambulance would be able to reach either site within the recommended time-frame to achieve the best outcome for a patient in cardiac arrest. As a result, they purchased a defibrillator for the Fir Road site. For The Green site they informed us that they had made arrangements to use the defibrillator located in a pharmacy around one-minute walk from the surgery premises. The practice also decided to have oxygen available at both sites and we received evidence to show that this had been ordered. We saw evidence that staff at both sites had been updated on the new procedures for responding to medical emergencies.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits. GPs did not have individual patient lists, and would therefore regularly see each other's consultation notes in the course of reviewing patients' treatment history, which provided opportunity for them to quality assure the adherence to guidelines and the quality of record keeping.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 84% of the total number of points available, with 6.1% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was an outlier for their achievement in the treatment of some long-term conditions, in particular, diabetes; however, they had taken steps to improve this. Data from 2014/15 showed;

- The practice's overall performance in relation to diabetes indicators was below CCG and national averages at 58% of the total QOF points available, compared with an average of 90% locally and 89% nationally. In particular, the number of diabetic patients who had well controlled blood pressure was 58% (CCG average was 79% and national average was 78%); the proportion with well controlled blood sugar levels (IFCC-HbA1c 59mmol/mol or less) was 50%, compared

to a CCG average of 71% and national average of 70%; and the proportion with a record of a foot examination and risk classification in the preceding 12 months was 73% (CCG average 90%, national average 88%). The percentage of diabetic patients who had received influenza immunisation was 86% (CCG average 90% and national average 94%). The practice was in the process of addressing this, and QOF results for the current year to date in this area showed an improvement.

- The percentage of patients with hypertension who had well controlled blood pressure was 77%, the CCG average was 83% and the national average was 84%.
- Performance for mental health related indicators was better than the CCG and national average. Ninety-six percent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG and national average of 84%. The practice had recorded a comprehensive care plan for 95% of patients with schizophrenia, bipolar affective disorder and other psychoses, compared to a CCG average of 92% and national average of 88%.

Information about patients' outcomes was used to make improvements, for example, following poor QOF achievement for diabetes outcomes in 2014/15, the practice had established a diabetes clinic, which was led by one of the partners and involved the nurse and healthcare assistant in the monitoring patients and providing education and advice. They had also purchased blood pressure and weight/height monitoring equipment for the waiting areas for patients to use to monitor their health themselves. We viewed the practice's year-to-date QOF data and saw an improvement in outcomes for diabetic patients, for example, with six weeks to the end of the 2015/16 reporting year, 52% of the practice's patients were recorded as having well controlled blood sugar levels. and the practice had increased the proportion of patients newly diagnosed with diabetes who were referred to a structured education programme to 100%.

- There had been twelve clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had conducted an audit into the diagnosis and treatment of urinary tract infections.

Are services effective?

(for example, treatment is effective)

The initial audit had found that they had complied with Public Health England's diagnostic guide in 85% of cases and with antibiotic prescribing guidance in 81% of cases. Following this an action plan was created and guidance was shared with clinical staff. A re-audit showed compliance with diagnostic guidance to be 90% and with prescribing guidance to be 92%.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice did not have a formal induction process and new staff would learn their role by shadowing established members of staff. However, staff who had recently joined the practice reported that they felt that their induction was good and sufficiently equipped them to undertake their new role.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness; however, in several cases this training was not up to date. Following the inspection the practice arranged for all staff to complete any overdue training and we saw evidence that this had been completed. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We were told that following discharge from hospital, all patients were contacted by a receptionist to be invited for an appointment with a GP to discuss their ongoing needs, and we saw evidence of a care plan having been updated following a patient's discharge from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA), however, not all staff had received formal MCA training. We saw evidence that following the inspection most clinical staff had completed this training, however, for some staff this was still outstanding.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice's healthcare assistant had recently been recognised for her success in supporting patients to stop smoking after the practice achieved the highest smoking cessation success rate in the CCG for the year 2014/15 (14 of the 16 patients who volunteered for the programme successfully stopped smoking, a 88% success rate).

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 95% and five year olds from 74% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Of the 31 CQC comment cards we received, twenty two were wholly positive about the care and treatment provided. Patients commented that the practice was always clean and tidy and that doctors were caring and gave patients the time that they needed. However, nine of the comments cards contained negative comments, which related to the availability of appointments, difficulties in seeing the same doctor for each visit, and about one of the doctors lacking empathy.

We spoke with a member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that most staff responded compassionately when they needed help and provided support when required; however, there were some comments about one of the GPs lacking compassion.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's scores for patients' satisfaction with consultations with GPs and nurses were comparable to local and national averages. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 89% and national average of 88%.
- 85% said the GP gave them enough time (CCG average 86%, national average 86%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 96%).

- 81% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 86%).
- 83% said the last nurse they spoke to was good at treating them with care and concern (CCG and national average 91%).
- 86% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients we spoke to told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was largely positive and aligned with these views.

Results from the national GP patient survey showed most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment; however, results were below local and national averages. For example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 81%).
- 71% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 85%).

The proportion of patients who described their overall experience of the practice as good was 84%, which was comparable to the CCG and national averages; however, 8% of the practice's patients described their overall experience of the surgery as poor, which was higher than the CCG average of 4% and national average of 5%.

We saw evidence that the results of the last survey, published July 2015, had been considered by the practice and discussed in detail with the Patient Participation Group, and that a plan of action had been put in place to address areas where they had scored below average. As a result, the most recent survey, published January 2016,

Are services caring?

showed a marked improvement in patient satisfaction. For example, the survey published in July 2015 showed that 46% of patients said that they got to see their preferred GP (compared to a CCG and national average of 60%); therefore reception staff were asked to always ask which doctor a patient would like to see when booking an appointment, and to accommodate their preference where possible. Following this, the survey results published in January 2016 showed that 58% of patients reported being able to see their preferred GP, compared to a CCG and national average of 59%.

Staff told us that translation services were available for patients who did not have English as a first language; however, there were no notices in reception to inform patients that this service was available. The practice's website had a translation facility available.

Patient and carer support to cope emotionally with care and treatment

There was a limited amount of information in the patient waiting room about how patients could access support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 81 carers, which represented approximately 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, patients were able to access the Richmond General Practice Alliance (RGPA) seven day opening hub, and GPs were also able to arrange for patients to be seen by RGPA's Rapid Response Team when an urgent home visit was required.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately, with the exception of yellow fever.
- An in-house phlebotomy service was provided to avoid patients having to attend hospital for blood tests.
- There were disabled facilities and translation services available.
- The practice had a process in place to flag patients who were known to frequently not attend appointments or patients who were particularly vulnerable (such as those with dementia); reception staff would telephone these patients the day before their appointment to remind them to attend.

Access to the service

The practice was open between 8:30am and 6pm Monday to Friday. Appointments were from 9am to 12noon every morning and from 2.50pm to 5pm every afternoon. The practice did not offer extended hours appointments, but patients could access appointments with a GP outside of normal surgery opening times via the RGPA seven day opening Hub, which was hosted by several local surgeries and offered appointments from 8am until 8pm every day. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

When the practice was closed patients were directed to contact the local out of hours service.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 88% patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 58% patients said they always or almost always see or speak to the GP they prefer (CCG average 60%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A complaints procedure and leaflet was available to patients at both sites and a poster was available in the waiting area at The Green site but not at the Fir Road site.

The practice had received 11 complaints in the past 12 months, and we looked at two in detail. We found that complaints were thoroughly investigated, addressed within an appropriate timescale and that patients were given a full explanation and an apology where appropriate. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint about a letter being sent to the wrong patient, the process for double checking patients' details on the system was discussed with staff and the importance of this step was reinforced.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plan which reflected the vision and values; however, this lacked detail regarding the specific activities required to achieve the overall objectives.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. We saw evidence that the practice's progress towards achieving their QOF targets was regularly monitored at clinical meetings.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted whole team meetings were held quarterly.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff reported that they enjoyed working for the practice and the majority of staff had worked there for a number of years. We were told that the practice held social events for staff, such as Christmas and summer parties.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG had set up a number of groups for patients at the practice, for

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

example, following patient survey feedback they had set up a mother and baby group and a coffee morning for carers. Unfortunately, these groups were not well attended and we were told that the PPG were in the process of reviewing the reason for this and considering whether there was anything different they could offer to these groups.

The PPG had also set up and was running an allotment project, which we were told was very popular amongst patients. They had arranged for the local authority to allow them to have an allotment plot free of charge for a year so that patients from the practice could grow vegetables. The project was open to all patients to become involved; however, staff at the practice particularly encouraged those patients who they felt would benefit from it to become involved, such as those suffering from depression or experiencing social isolation.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

- Staff told us they felt involved and engaged to improve how the practice was run. For example, reception staff explained that they had suggested attaching the online service registration form to the new patient registration form so that patients could complete and submit both forms together and staff could then be more efficient by setting up patients' online appointment access at the same time as they were registered onto the patient database; this suggestion had been successfully adopted.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice and the practice was involved in training both registrars and medical students. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, for example, one of the partners led the clinical network for the local CCG.